

CARLISLE FIRE DEPARTMENT
FIRE ALARM SYSTEM INSTALLATION APPLICATION

1. Complete the attached application form.
2. Attach a check for the fee of **\$ 50.00**
payable to “ TOWN OF CARLISLE ”
3. Submit information in accordance with 527 CMR
24.05, 24.06 & 25.07. (floor plan, fire protection devices,
equipment and systems)
4. Provide contact information below. IMPORTANT !
5. Leave completed application and fee in FIRE DEPT. mailbox
here at Town Hall or mail to :
Carlisle Fire Dept. , P.O. Box 575, Carlisle, MA 01741-0575.

Contact Information:

Name: _____

Company Name: _____

Address: _____

Telephone: _____

Address of Installation: _____

The above information must be provided and approval granted (CMR 527, 24.04) prior to beginning installation of the detectors.

Conformance with CMR 527, 24.09 (2) is required (test, acceptance & final approval). In addition, an electrical permit for installation of the system (wiring) must be obtained from the Building Commissioners office at Town Hall.

NOTE: Identification numbers are required on the dwelling in accordance with MGL Chapter 148, Sect. 59. All inspections are subject to conformance with this law.

FIRE PREVENTION OFFICE
978-287-0072

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